KANSAS MEDICAL JOURNAL.

VOL. VI. TOPEKA, KANSAS, SATURDAY, JANUARY 27, 1894. No. 4.

ORIGINAL ARTICLES.

Hysteria.

Read before the South Kansas Medical Society at Wichita, Kansas, November 21, 1893,

By H. D. HILL, M.D., Augusta, Kansas.

Mr. President.—The mention of this subject quite frequently provokes a smile when it should engage our most serious attention, when we consider the fact that its origin as of old lies wrapt in mystery; its pathological anatomy, if any, eluding the most careful research; that we may meet with it in almost any form of disease from childhood to old age; and bidding defiance to therapeutics, it clings to the unfortunate victim of its caprice with a persistency worthy of a better object. All this, I repeat, should cause the practical physician to give it his most careful study.

It is far from my intention, however tempting it may be, to enter into anything like a general discussion of the subject, as the literature upon it is open to all, and I do not presume for a moment that the members of society are unacquainted with it.

I may say, however, that I do not endorse the theory of some writers that hysteria is found only in the female, and that it depends upon a disturbance of the organs of reproduction to produce its phenomena. I am certain that I have seen cases of it where these organs were in no way responsible. I admit that while disordered menstruation or disease of the uterus favors its presence, I do not look upon this as being necessary, as in many cases of hysteria there is no diseased womb or tender ovary with menstruation perfectly normal; and again we may have intense disease of the womb or ovary, menstruation painful in the extreme, and this condition continue for years without the least symptoms to indicate the presence of hysteria; and I believe in every case we should expect to find the cause in some mental aberration instead of any physiological lesion; and in accordance with this statement we see that heredity, education and environments are predisposing causes, and that shock, disappointment and the cares of life will produce the attack. That the disease may and does exist in the male is not strange if we admit the fact that the fault lies not in fully-developed tissue, but in the basis substance or embryonic cell, which is beyond the line of sexual demarkation; and the peripheral, according to Rosenthall, are but the reproduction of the central changes, and the latter situated mostly in the spinal cord." Beside many cases of hysteria in the male are frequently reported by the most reliable observers, I therefore do not deem it necessary to produce further evidence upon this point. I do desire, however, to offer this thought upon the peculiar condition which I believe exists in hysteria and is the prime causative factor.

Professor Bonne in his metaphysics, in his argument of what he calls the process of knowing, says that "to say we exchange thought is only a figurative speech; that is, only possible through interaction. That the actual change takes place only through a certain activity of both persons so engaged, and to perceive another's thoughts we must construct his thoughts within ourselves. He says further that the speaker emits nothing and the hearer receives nothing. What the speaker does is this: By an entirely mysterious word order the speaker is enabled to produce a series of signs which are totally unlike thought, but which, by virtue of the same mysterious order, act as a series of incitements upon the hearer so that he con-

structs in himself the corresponding mental state; and that the parallelism of the resulting mental state of the hearer with that of the speaker is the sublimest instance of adaptation or design of which the known universe affords any example. That we can only behold the universe, but by constructing it within ourselves. That perception is only possible when we construct the object within ourselves." In the hysterical person we see wrong impressions are received by the brain centers and exaggerated expressions are returned; the person so affected is not capable of reading off the signs given, hence the perverted sense and all the wonderful train of symptoms in the hysterics; the power of volition of will and co-ordination is lost or partially destroyed, hence we must study the processes of central nerve functions to arrive at anything like an intelligent idea concerning the cause of hysteria. Let us study the thought producing power as well as the thought produced, and not try too much to explain everything we see upon a material basis. Back of and beyond all the tissue of muscle, bone and nerve, which go to make the human body, there still exists the individual capable of loving, hating and feeling, and without which the body is inert matter. The brain is but the throne upon which reason sits, and all the minute and mysterious changes which occur in her domain are but the expressions of reason's will. I believe along this line of thought we can find the answer to our query as to what is hysteria, and in keeping with this I shall call attention to a phase of hysteria, known as hysterical mania. Six cases have been described by Tomlinson, and they agree so nearly with a case I now have under my care that I will give it.

On the 20th of March last, I was called to see Christie W., a bright and intelligent lady of twenty-two years, unmarried, the favorite of the family. When I entered the room she was reclining upon a sofa with a bible in her hand. She reached out her left hand to me and began to cry in a loud voice, as if her heart would break. Upon inquiring the cause, she informed me that under the influence of the spirit she had been directed to study a particular chapter in the bible, and as she could not find it she feared the spirit had left her. On asking for a history of the case, her mother informed me that the patient had been an untiring student; had taught school during the winter, thus exposing herself to the inclement weather. She had made extraordinary efforts to please the members of the school board, and her patrons. She had also, in the latter part of the winter, passed through a religious revival, and during this revival her intimate friends noticed she began to talk queer. I also was informed by the young lady that herself and father classed themselves as unbelievers, but now she was converted, and her especial mission was to persuade her father to renounce his unbelief, burn his infidel books and become a professed christian. During the succeeding four weeks she developed the usual symptoms of hysteria, which consisted in fits of laughing and crying in quick succession, hours of ecstacy followed by hours of despondency, loss of sleep, headache, constant pain at occiput with rapid pulse, but no change of temperature, bowels constipated. Her senses became very acute, and especially that of hearing. She talked almost constantly; lost some of her modesty; had to be watched to prevent obscene talk; there were no convulsions or loss of memory; no pain of genital organs; menstruation regular and natural. Her most constant conversation was upon religious topics. She catechised every friend who was permitted to enter her room, importuning them to accept Christ. The bible was constantly in her hand day and night. She claimed to be under immediate and constant inspiration of divine origin, obeying in every word and motion the spirit's voice. In all this she had only one purpose in view — to bring her father over to her belief. She was easily controlled. She would obey all my orders, but laugh at my trying to cure her with medicine. I succeeded in holding confidence; kept her in bed; finally procured sleep for her with sulfonal; persuaded her to lay aside the bible; kept the room darkened; forbade any

save the nurses and the family entering her room. While she submitted without complaint, her solicitude for her father was constant and unabated, and to this consummation she worked until victorious, he defacing all marks in the bible he had made to call attention to contradictions; he confessed his error; conceded to her wishes fully by establishing a family altar; burned all his infidel books; then her happiness was complete.

I visited her about twenty times when she had so far recovered as to be permitted to receive her friends, read for a short time, and at this time she is able to attend to light household duties, but I cannot trust her to study anything that requires much mental effort, and I am compelled to debar her the pleasure of practicing music, and she at times complains of pain in the occipital region, and I believe this form of the disease is increasing.

To illustrate a common form of hysteria (if I will not trespass upon your time), I will give you the case of Bessie L. I have known her from a child. Had convulsions when two years old, and by inheritance and education was possessed of a highly sensative temperament. On the 21st of February, 1890, I was called to see her, and found her, as I supposed from the symptoms present, with a mild attack of malarial fever. I treated her faithfully for about six weeks without being able to control the fever, when strongly-marked symptoms of hysteria began to appear. I learned from her mother that she did not menstruate well; the flow only appeared at intervals of three and four months, then were described as little dark red balls. There was ovaralgia pain along spine, swelling of knee-joints, anæsthesia and hyperæsthesia. Without detailing the history of the case, I will say that in the next three months she developed the most astonishing hysterical symptoms it has been my fortune to see.

She had convulsions after the most approved form; spasm of glottis almost to suffocation; was unable to swallow any food or drink for fifteen days; simulated dying; performed the act of salivation, soiling a heaping washtubful of clothes in two days; could hear low words through a wooden wall twenty feet away; bowels so constipated that croton oil in five-drop doses had no effect whatever; but the most astonishing feature was a hiccough. This would commence deliberately like the great Geysers in Scotland with premonitory sounds, as if getting ready for a mighty effort. There would be first a gutteral sound, developing into a half groan, with sighing inspiration and a sound which was caused by air being drawn down forcibly into the lungs. This would finally end with an explosion of the glottis, producing a sound which seemed to be composed of a cry of distress and the bark of a dog, always ending suddenly with a jerk. This sound could be heard at a distance of nearly one-half mile by actual information of those living at that distance away. This sound would fill the night air for hour after hour for weeks, and would cause those who heard it to shudder. The case went on in this way until her own mother was nearly wild. Finally, when every other means had failed, upon the advice of Drs. Buck and Emmerson, the operation for castration was performed on the 12th day of November, 1890. The ovaries were undergoing cystic degeneration. The wound healed without the formation of pus. A good and rapid recovery was made, and at this time the girl is able to mingle in society and seems perfectly cured, but there remains a rather sullen and somewhat expressionless countenance as a memento of her suffering.

I have always believed that in her case a cure was effected more by the mental impression than on account of the removal of any local irritation, as I had strongly impressed her with the fact before the operation that this would restore her to health, and that I had no desire to operate unless a strong necessity for it was conceded by all friends and neighbors. And I kept my word, for numbers of people begged me to operate if that would cause a cessation of that awful hiccough.

While the operation was a success in this case, I have always believed that the re-

moval of an ovary in hysteria was a questionable procedure, as it is impossible to tell before done if it is going to prove a benefit or an injury.

Until recent years, hysteria was not supposed to give rise to any trophic disturbances. Since 1873 several cases of œdema have been reported, one case not accompanied by any motor disturbance. Pitres gave the history of five cases.

The Tongue in "La Grippe."

"La grippe" is a disease which, simulating as it does various other pathological conditions, is often puzzling from a diagnostic point of view. Who, on being called to cases of "la grippe," has not thought of such possibilities as typhoid fever, acute tuberculosis, cholera, simple "embarras gastrique," etc. If one may believe M. Faisans (*Societe Medicale des Hopitaux*, May 19), examination of the tongue will disperse all such doubts. The tongue in "la grippe" is of the normal size and form, not being broad and thick, as in "embarras gastrique," or small, contracted and pointed, as in typhoid fever. It is always moist unless some inflammatory complication be present or imminent; it is smooth and even, papillæ not being prominent. But the chief characteristic feature of the tongue is its color, it is the *opaline tongue*. The opaline coloration is something uniformly spread over the whole lingual surface; in other instances the middle and the base are opaline, the edges and tips being covered with distinct rounded opaline or bright red spots. This pathognomonic appearance may often be noticed from the first onset of the disease and may persist for a more or less prolonged period after recovery. Purgatives and emetics do not modify it in any degree.—*Lancet* correspondence.—*Maryland Medical Journal.*

DR. N. D. HOOVER, of Paola, is just recovering from an attack of la grippe.

Kansas Medical Journal.

PUBLISHED WEEKLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

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Topeka, Kansas, Saturday, January 27, 1894.

THE KANSAS MEDICAL JOURNAL, published in Topeka, comes to us a sixteen-page weekly, in which we are informed that the State of Kansas is like that of Ohio in its want of a state board of medical examiners. The calling of a state convention similar to the one in Columbus on the 21st of December is proposed. Such a convention will do good in various ways. It enables the profession to crystallize upon what they want, and puts the necessary machinery in motion to bring about the desired result.—*Lancet Clinic.*

Every physician in Kansas who has been in any way interested in medical legislation, knows only too well that one of the things we need most is unity. The Ohio physicians have struck the right plan for securing that very thing, and if there is anything in prospects they will certainly succeed in getting what they want.

We compliment the leaders of the move-

ment in Ohio on the good work they have done and only hope we may succeed as well.

It is certainly a strange condition of things when a state provides strict law for regulating the practice of dentistry and pharmacy, but leaves the field of medicine open to every quack that choses to gull the unsuspecting public.

Some may say, "If the people don't want to be protected let them alone," but that is the veriest rot. It is we that want to be protected. Is it not right that the man who has spent years of time and hundreds of dollars to prepare himself for a certain calling should be protected from the ignorant pretentions of quacks and charlatans?

It is readily recognized that a mechanic must have knowledge and experience before he can do good work. Printers, carpenters, machinists and all of the trades require years of careful training. But the calling above all others, which involves the life, health and happiness of man, must be subject to legislative enactment to enforce the proper course of training and a sufficient amount of skill. Unfortuately, the people are not as good judges of doctors as they are of carpenters and other mechanics.

There is no mistake in demanding protection for ourselves. Let all schools unite in one unanimous call for justice, equal protection with dentists and pharmacists, and we will get it.

No. 1, VOL. 1, of *Mathew's Medical Quarterly*, has been received. It contains 186 pages, devoted to Diseases of the Rectum, Gastro-Intestinal Disease, and Recto and Gastro-Intestinal Surgery. From the indications of the first number we would predict a bright and prosperous future for the quarterly.

WHEN the corn is on the ear,
How the farmer's face doth glow!
Ah, but see him shed a tear
When the corn is on the toe!

David Confesseth His Sin.

Second Samuel, chapter xii, seventh verse, second clause, "Though art the man." Our good friend Dr. Lanphear, of Kansas City, Mo., in the *Western Medical Journal*, January number, page 25, has notified us that he, after careful examination, has found the ear marks and other signs of identity referred to in an editorial in the KANSAS MEDICAL JOURNAL of October, 1893, (in which no college was mentioned,) to be the Kansas City Medical College.

It was a terrible description, and it is only our personal confidence in our good friend Dr. Lanphear's integrity and veracity and the *New York Medical Record* (in which we saw the announcement that it was the Kansas City Medical College) or we would still doubt the identity. The identity being established, let us look at the matter.

1. A reputable medical school has no business to send out advertising matter that is questionable—wool on one side and hair (wolf) on the other.

2. It is possible that words in transit from Kansas City to different points might change their meaning even in an explanation, like our good friend Dr. Lanphear's, in his objectionable sentence, "easy to comply," he explains, means "pleasant to comply" with. We did not find it easy nor pleasant to comply with the requirements of the old school of "The College of Physicians and Surgeons of Kansas City, Mo.," late "The Kansas City Medical College," and have always felt proud that the examinations were rigid. We compared the list of questions in anatomy with those of Bellevue in 1885, and found them equally as hard questions to answer.

Friend L.'s explanation we accept; feel glad, like the Dutchman, to know that what was said was not meant. "That when it is said in holy writ that going down into the water means only by the side of the water; that Daniel, when sent into the lions' den, was put down beside the den," etc.

The explanation should have accompanied the letter, and in addition said all reputable

medical schools know the same as explained. Our good friend Dr. Lanphear says: "Behind it all, however, is visible the cloven hoof. Just why the KANSAS MEDICAL JOURNAL should have espoused the cause of those who have, for incompetency or other cause, been thrown out of the Kansas City Medical College is not apparent, but will doubtless appear before the end of things." The "cloven hoof" is apparent in friend L.'s letter. Several hoofs—the regulation quadruped. The end of things is apparent.

We are espousing no man's cause, but considered the tenor of the letter sent out by the Kansas City Medical College as a bid for students regardless of their qualifications, a lowering of the standard of our alma mater, and thus bringing shame and disgrace upon her and her alumni.

Others called our attention to it, and we, having a personal interest in the school, kicked. We did not know that a man had been thrown out of the school. We supposed they resigned, and suppose so yet. In the same way we presume brother Lanphear got out of the University Medical College. When Dr. Lanphear talks about throwing out such men as Drs. Fryer, Halley, Block and Perkins for incompetency, its the old story of the tail wagging the dog. The doctor is a man of force of character, an indefatigable worker, and no doubt but what he is a good physician and surgeon, (and personally we like him,) but for all that the law of the land does not prohibit even such a man from making a spectacle of himself at times for the amusement of the medical public. Josh! We observe again that the doctor's own, individual, I, personality, stands out quite prominent in the clinical report on surgery. We did not criticise schools in neighboring cities, only one, and the sound of the bleating is heard in the land. Don't try to ring in somebody else, brother. "Thou art the man." There are two or three hundred of *us boys* in Kansas and adjoining states interested in the Kansas City Medical College, and we propose keeping an eye on the school. We are anxious for her to continue successful, but a little more snch piloting and she will be engulfed.

We are not writing this for a nauseating personal advertisement for ourselves, nor for any one, and would have been pleased with the explanation had it not contained false statements and reflections on men who stand the peer of this second David.

Itching Piles.

Patients often come to physicians to be treated for "itching" piles. The term is a misnomer, for piles do not itch. If any itching exists, and piles really exist, it may be that the discharge of mucous, etc., from the rectum has irritated the contiguous parts, and caused itching. Usually, however, when the patient complains of itching as a *prominent* symptom, it will be found to be a case of pruritus, and not piles at all. If, however, you find a case of piles with an itching of the surrounding parts, the following will serve you well:

℞

Vaseline ..... ℥ i
Icthyol ..... ℥ i

M. Sig.: Apply often.

Or—

℞

Cosmoline ..... ℥ i
Menthol ..... ℥ ss
Hyd. chloral ..... grs. xx

M. Sig.: Apply.

—*Mathew's Medical Quarterly.*

BOSTON MEDICAL LIBRARY MAY 1895 ASSOCIATION

No Need of Nervine.

Patient (looking at the prescription): "Doctor, could't you just as well drop in at the drug store and have this filled and send the stuff to me by your office boy?"

Doctor (taking back the prescription and writing another): "I see I have made a mistake. You don't need any nerve medicine.—*Wisconsin Druggists' Exchange.*

Neurasthenia.

What is neurasthenia? As yet our knowledge of the disease is hazy. The name was given by Dr. Beard, and will probably be called Beard's disease later.

The etiology of the disease seems to be nervous debility. No class of persons is exempt from the disease. It is found among the rich and poor. The principal factor in its causation is instability of the nerve cells in the brain and spinal cord.

When both brain and cord are involved the disease is general.

The tendency to neurasthenia is no doubt inherited. The generative force of the nerve cells, when weakened, impart but feeble nerve influence to the muscular tissue. The disease is then a lack of brain capital; by brain meaning the central nervous system—that part which controls the energies of the man. He is not necessarily a sick man, but a man without nervous resources to fill the requirements or burdens which society entails upon him, and he tries to fill the demand. The rich neurasthenic is a good find for the doctor, if he is not sent to a popular water or health resort. Since these cases are not cured at such places, is it right to send such patients to them? The poor neurasthenic breaks down, is dropped out of society and becomes a chronic invalid.

As a general thing this class of persons is not benefitted by drugs, and yet such patients should be carefully watched by the physician, and be encouraged and assured that there is no organic lesion; that they are capable of enjoying life, but they must keep within bounds of their nervous capital. The treatment should be principally educatory, and they should be kept out of the hands of the impostor. Among the wealthy, where they are given to excesses and there is insomnia, a glass of beer at bed-hour will often restore the lost equilibrium and enable them to sleep. This is especially so in the overworked neurasthenic.

Where there is excessive irritation and the beer does not control them, thirty grains of the bromide of strontium, taken in a glass of water at bed-hour, will give refreshing sleep.

Asthma.

An attack of asthma may be cut short at the onset by painting the nasal fossæ as far as possible with a solution of cocaine (1 to 20) or spraying the nose and pharynx with this solution for five minutes.—*Southern Clinic.*

There is no question as to the efficacy of cocaine in those cases of asthma depending upon nasal irritation, (polypi, stenoses, etc.,) but our experience has not taught us to put much confidence in this treatment in asthma, resulting from chronic bronchitis and other causes not depending upon nasal lesions.

Chlorate of Soda in Cancer of the Stomach.

Dr. Brissand, of Paris, has reported some very favorable results with the use of chlorate of soda in cancer of the stomach. He uses it in doses of from two to four drams in twenty-four hours. It every case the treatment was followed by most remarkable improvement amounting practically to a cure. While the results are good in the epithelial types, it seems to have no effect upon intestinal sarcomatous types of neoplasms.

PAT had been suffering from a severe and prolonged attack of la grippe. "Well, Pat," said a friend meeting him on the street, "I hear you have been having a pretty hard time of it." "Faith an' I have," said Pat. "An' it's the right name they give to it, too, for when it takes hold of a man it's no mind to let go. It took me thraa wakes to fale better after I was entoirely well."—*American Analyst.*

The Meat We Eat.

Diseased meat is not our only source of danger of infection. The meat may be healthy, and sweet, and properly prepared for the retail dealer, and delivered to him in excellent condition, and then? Why then in many of our cities, particularly in Topeka, the retail dealer hangs a large number of pieces of meat, also dressed chickens, ducks, turkeys, etc., in front of his business house to attract the attention of the public and thus advertise his goods. The advertisement may work all right, but we doubt if he sells a pound more meat than he would with only a nice sign of "Meat Store" with the display of a few nice sawdust-covered hams and bacon. We feel sure that the appearance of these dead animals, hung up in the place and manner indicated, is not as attractive to the general public as something less ghastly. The show always reminds us of a dissecting room. But grant its attractiveness and its benefit as an advertising scheme to the dealer, the public has other rights far more vital and which should be demanded and complied with by the retail meat men. The meat and poultry has been inspected and pronounced clean and healthy, and the retail dealer takes charge of it.

This meat is now exposed from a half to two days to a dust-ladened atmosphere. In our city, on Kansas avenue for example, the principal part of the dust is from the horse droppings and other excreta, sputa from the tobacco chewer, from persons having severe colds, from consumptives, etc. This excreta dries and is carried by the wind and deposited on our steak and chicken. Persons have been seen to spit on the meat so exposed and thus add a germ-ladened liquid to our juicy steak. This dirt and filth becomes more or less imbedded in the roughened surface of the meat and cannot be washed off. In cooking, where the steak is left rare, there is not sufficient heat to kill the tuberculous germs and they are taken into the system. We believe the retail men feel that the public demands such a display, and that they would willingly abandon the practice if they felt that their patrons would permit it.

J. BRADFORD MCCONNELL, M.D., in *Journal of Inebriety*, reports his results with the use of nitrate of strychnine upon twenty-five cases of inebriety. The results in these cases undoubtedly show the marked effect of strychnine in relieving the craving for drink and in restoring healthy conditions. In all of the cases presented the treatment resulted in temporary benefit at least. But unfortunately, the strychnine does not have the power to increase the will power or to prevent a final return of the old desire. He says of the treatment:

"Due attention was paid in each case to the associated derangements and the constitutional peculiarities. The patients all came to the office for treatment, and although recommended to abstain from farther drinking, were allowed to take liquor if they desired it. The dose given subcutaneously varied from a thirtieth to a sixth of a grain twice daily for ten days, then once daily for ten days, the highest dose being reached about the third or fourth day, and continued to the close of the treatment, this being nearly in accordance with Spitzka's experiments, that to maintain its action the doses of strychnine must be in the beginning increased, and later the interval increased and the doses lessened. The border line of tolerance was reached in most cases when one gram was used of a solution containing twelve centigrams of strychnine nitrate to fifteen grams of water—that is, about two-fifteenths of a grain. Internally, cinchona, peroxide of hydrogen and capsicum were frequently prescribed in combination. When bromide of sodium failed to procure sleep, paraldehyde always succeeded. In the later cases strychnine in doses of one-twentieth of a grain, with elixir of phosphates and calisaya together, was ordered to be taken once or twice daily for four or five weeks after ceasing the injections.

"The following brief reports of each case

are condensed from the notes taken in detail during the progress of the treatment.

"Two solutions were used—one containing six centigrams to fifteen grams of water, and in the later cases one of double the strength, equal to two grains to the half ounce. The weaker solution was used in all cases unless where the stronger is mentioned. . . . .

"The chief action of alcohol, is to paralyze the vaso-motor system, dilating the arterioles. Strychnine, besides exalting the excitability of the spinal cord and probably the motor centers in the brain, stimulates the vaso-motor centers, contracting the arterioles, as well as being one of the most efficient heart tonics through its stimulating effects on the cardiac ganglia.

"While we have in strychnine a true antagonist to the action of alcohol and one that will counteract its effects, the inebriate still requires aid which can hardly be expected of drugs; he needs the mental and will power to overcome his acquired or inherited tendency to resort to narcotics. This must come from treatment which seeks first to restore all the abnormal conditions of the patients, whether due to alcohol or otherwise; then strict abstainance must be maintained, the patient being aided by moral suasion, the diversion of continual employment, and the education of the mental and moral faculties to a higher status; even the influence of hypnotic suggestion may be applied in suitable cases, as has been done recently with a fair measure of success; and where these means fail, then institutions where voluntary or forced detention can be secured, and where all the present-known means can be most successfully applied, must be the only hope of restoring the unfortunate subjects of narcomania."

DR. W. R. ROUP, of Lebo, reports that vicinity afflicted with la grippe, diphtheria and measles, all in severe forms and a prospect of an epidemic.

The Prescription Vice.

Generosity is a commendable virtue. A liberal distribution of another man's rights or properties can hardly be called generosity. Now just what we may call this thing we want to talk about will depend very much how we decide that old question as to the proprietorship of a prescription after it leaves the doctor's hand.

If it belongs to the man who pays the doctor for his advice or treatment, then he probably has the right to dispose of it in any way he sees proper. If, on the other hand, it is considered simply a direction to the druggist, and to be retained by him for future protection, then we certainly have the right to say it shall be used for no other purpose.

Few of us appreciate the seriousness of this question. We were informed by a leading druggist a few days ago that he had that day filled a certain physicians prescription seven times for as many different people. We did not question his right to do so. Perhaps he was wrong in doing so. At any rate the fault lies more at the door of the doctor than elsewhere.

In the transaction referred to the doctor lost seven dollars and the druggist increased his sales for the day seven times the price of the medicine. He would probably have made as much if each of his customers had been sent to the physician for a prescription. But must we depend upon the druggists to protect our interests? Can we expect any man to attend to his own business and ours also? The physician has the privilege and the right to protect himself, and do it honorably and professionally.

A small rubber stamp with the words "not to be refilled," will cost a few dimes, but it will save many dollars.

A druggist to whom you send most of your prescriptions will hardly ignore such a direction, and if he does, give him distinctly to understand that your patronage is not a compulsory matter.

Many of the leading physicians of the country dispense their own drugs, claiming

not only larger profits thereby, but more satisfactory results in their treatment.

We are inclined to think that unless there can be some improvement in the prescription methods, which are so often unprofitable to the physician and dangerous to the patient, a revival of the old plan with modern pharmacy would be a blessing to both physician and patient.

Things to Remember.

1. One of the best antidotes for carbolic acid poisoning is strong soap suds, and not "soap," as published in last week's JOURNAL.

2. A large dose of an alkali, given on an empty stomach, renders the urine more acid.

3. Five per cent. of water added to carbolic acid crystals renders them soluble and makes a clear liquid; more water added renders the fluid turbid until it reaches the proportion of 100 to 2,000, when a clear liquid is again formed.

4. Oils and glycerine are not antidotes to carbolic acid poisoning.

5. One indication for an alkali is when digestion is painful with eructations without an odor. The alkali should be given before meals. Also, odorless eructations at the close of digestion.

6. The long-continued use of alkalies or acids impairs digestion and impoverishes the blood.

7. These agents are very useful, but their indiscriminate use is harmful.

8. The action of the potassium salts is much stronger than the sodium salts.

Countryman (to dentist)—"The tooth next that 'un aches, too, Doc."

Dentist—"Yes, it aches in sympathy."

Countryman—"Yank it out. Durn such sympathy.

Professional Ethics at the Prendergast Trial.

The Prendergast trial has resulted in an attempt at some queer codes of professional ethics. Drs. Brower and Church examined the accused for the prosecution, reported he was insane, and by so doing forfeited a large fee from the overflowing private fund of the prosecution. They were subpœnæd by the defense, whereupon an outcry of treason to the state was raised by sundry sensation-mongers. The Chicago *Record*, *Tribune*, and *Inter-Ocean*, to their credit be it said, pointed out the gross injustice of such accusations against reputable physicians acting from conscientious scruples against their own pecuniary interests. Despite this defense, these physicians were mendaciously attacked on cross-examination by the private prosecuting counsel. The presiding judge, in defiance of all precedent, refused to allow them to show that they had been first employed by the shyster mendaciously attacking them, and that their conscientious refusal to sacrifice science at his bidding, was the cause of his attacks. Such a legal decision degrades expert evidence by insisting that it is a mere matter of bargain and sale, and that conscientious scruples are treachery.

Drs. Brower and Church deserve the thanks of the medical profession for the self-sacrificing way in which they refused to sacrifice science to cash and sensation-monger clamor.—*Medical Standard.*

This reminds us of a discussion on the subject of expert testimony which appeared in the JOURNAL a year or so since. It was suggested then that the medical expert be introduced as an independent witness and be paid a proper fee by the state. This would relieve him from any suspicion of prejudice. Physicians are called upon to give a professional opinion upon certain pathological conditions and their bearing upon the case. They should certainly not be restricted in this opinion to only such items as may be favorable to one side of the case; nor if they be honorable gentlemen,

worthy of the title which they bear, should they be expected to warp their testimony to correspond to the largest fee.

We are proud to see the profession of medicine standing upon the broad platform of honesty and purety—unsullied by the quibblings and shysterings of the legal fraternity.

MISCELLANEOUS.

The Value of Alcohol in Pnumonia.

In the *Boston Medical and Surgical Journal* an interesting account of a discussion on this topic is given.

At the Societe de Therapeutique, session of May 24, 1893, the subject of the therapeutic value of alcohol in pneumonia was again discussed. While the necessity of alcohol in the asthenic form was admitted by all, the general sentiment of the authorities present was in favor of giving alcohol, as such, in its purity, sufficiently diluted. The old notion that old wines, whiskies, etc., were to be preferred because of the "mellowing" properties confirmed by age was condemned as a delusion. Such liquors were declared to be much more irritant to the stomach and less certain in their general supporting effects than pure ethyl alcohol, deprived of aroma.

One eminent speaker commended the alcohol of rice as being exceptionally free from fusel oil and other impurities.

We are told that the best French cognac is "with few exceptions, nothing but the alcohol of beets, of poor molasses, changed and colored by the fabricator by the addition of infusion of tea and various essences which give it bouquet." Such brandies are almost sure to contain methyl alcohol in quantity certain, when freely administered, to do harm to the patient.

M. Huchard, who is an enthusiastic advocate of the employment of digitalis in the pneumonia of influenza, thinks alcohol the remedy par excellence of pneumonia by reason of its "dynamogenous action." There was much speculation as to how alcohol does good. M. Bovet declared somewhat vaguely that "by its dynamogenous action it supports the patient; by its reducing action it modifies the elements of the blood, which, rendered more fluid, undergoes an osmotic acceleration which expresses itself by the progressive decongestions of the pulmonary parenchyma." He also thought that "by its calorigenous reaction it develops a considerable number of calorics which cannot but have an influence on the evolution of the infectious elements, by this fact impeded in their toxic action and possibly destroyed." "What tends to prove this," he says, "is that, after the absorption of the alcohol, we find in the extractive matter of pneumonia patients an abormal proportion of waste matters of the creatinic series, which are known to be endowed with a remarkable toxicity."

But, apart from such speculations, the best proof of the value of alcohol in pneumonia was affirmed to be clinical experience.

The combination of pure ethyl alcohol with digitalis constitutes, in the estimation of Huchard, the ideal treatment of pneumonia when any active treatment is needed. He gives the digitalis in the form of its active principle—the crystallized digitalin—in the daily dose of one milligram by mouth.

It is a little singular that no allusion was made at this meeting to the therapeutic efficacy of strychnine in acute croupous pneumonia, a drug which is coming more and more into favor generally as a cardiac tonic in this disease.—*Therapeutic Gazette.*

An Ohio man went out and just hanged himself the other day because a Columbus dentist told him his tooth was affected with "nodular calcification of the pulp." He left a note to his wife, saying he didn't want to live on and give it to her and the children.

Pregnancy after the Removal of One Ovary and Part of the Other.

Sippel reports a double ovariotomy in a woman thirty years of age, who had one child five years old and was very anxious for another. The right ovary was converted into a tumor the size of a child's head, and without a trace of normal ovarian tissue. This was removed with its tube. The other ovary was the size of a goose egg. Along the hilum was a tract of normal tissue. A clamp was applied above this tract to check hemorrhage, and the diseased part of the ovary was cut away; the raw surfaces left were united by means of catgut satures, while some blood-vessels were tied separately. This healthy part was an inch and a half long and a third of an inch thick; the left tube was undisturbed. Menstruation returned after the operation, and ceased on Augurt 22, 1891; on April 7th pregnancy was progressing favorably and she was safely delivered of a living child.—*Archives of Gynecology.*

On the Vitality of the Bacillus of Diphtheria.

Dr. Abel obtained cultures of the bacillus from toys with which a child had played very much about the time when she was taken with diphtheria. The toys were examined six months later.

According to Abel, the bacillus of diphtheria may live one year; it is often difficult to give exact dates, as the bacillus may be found for weeks in the mouth of convalescents, and thus may infect an object three or four weeks after a patient seems to be cured.

A thorough disinfection is decidedly a more difficult matter than many people think. The most popular methods would probably not stand a test.—*Centralblatt f. Bakteriologie u. Parasitenkunde.*

The Letter of the Law—Sequel of a Celebrated Case.

Rarely is such a measure of interest accorded a legal process by the pharmaceutical and medical world as was aroused some two and a half years ago by the famous Nux Vomica suits in the Atlantic Court of Common Pleas, New Jersey. A brief review of those proceedings and of the curious solution which time has recently effected in the legal complications, will not be devoid of profit.

The plaintiff in both these cases was Geo. W. McGuire, state dairy commissioner for New Jersey, and criminal action was brought by him against the two defendants on the charge that each had sold a quantity of tincture nux vomica which upon examination was found to contain less than two per cent. of dry extractive. The basis of the prosecution was an existing New Jersey statute, which enacted that any preparation shall be deemed to be adulterated if (when sold under or by a name recognized in the U. S. Pharmacopœia) it "differs from the standard of strength, quality or purity laid down therein." And two per cent. extractive, as stated, was the standard of the U. S. P. at that time.

The evidence introduced developed the fact that the tincture had been prepared from normal liquid nux vomica, Parke, Davis & Co.; the plaintiff's witness testified that it contained 0.712 per cent. of dry extractive, and upon this the prosecution rested its charge of adulteration within the meaning of the statute, no attempt being made to establish the therapeutic inferiority of the disputed preparation or any deficiency in the needful content of the all-important alkaloids.

Seldom has such an array of learned talent or such a wealth of distinguished evidence been brought forward in defense of any cause involving a pharmaceutical question as was now adduced by the respective defendants in sustaining their position. Professors Remington, Hare, Rusby, Ryan, Marshall, Dr. Eccles and the lamented Prof.

Bedford all went upon the stand and declared with one voice that the active constituents of nux vomica are its two alkaloids, strychnine and brucine, alone; that the quantity of dry extractive forms no standard of strength, quality or purity, and may, indeed, be completely inert—without medicinal property or physiological action; that tinctures of nux vomica made, as was the one in question, from the normal liquid, are far more reliable than the tinctures on the market produced in exact accordance with the U. S. P. formula, since the former are of uniform alkaloidal strength and the latter subject to extreme variations of medicinal potency; that the U. S. P. standard could be eaily evaded by the addition of sufficient glucose to any inferior tincture; and, finally, that the Pharmacopœia of 1880 really offered no means of determining the "strength, quality or purity" of the tincture to which the name standard could with any propriety be applied, hence was virtually devoid of such standard.

All for naught. Here the gods themselves would have contended in vain. Conceding the entire probity of the defendants and the full medicinal value of their tinctures, prepared from the normal liquid of nux vomica, Judge Reed nevertheless decided in the first case that such tinctures were adulterations within the meaning of the New Jersey statute, since the requirements of two per cent. dry extractive was not fulfilled! In the second case some misgivings must have begun to assail the judicial intellect, since the case still hangs suspended in the limbo of the undecided.

But if the judge showed an undue tenacity in clinging to an obsolete standard, and a disposition to apply the narrow letter of the law, our Pharmacopœia commission have taken a very different view of the question. In the revised edition (1890) we are happy to observe a radical change in the requirement made of tincture nux vomica; it is no longer two per cent. of extractive, but rather 0.3 per cent. of total alkaloids—the identical alkaloidal content which the manufactures of the normal liquid had long adopted as their own standard for the tincture. The new Pharmacopœia became a part of the New Jersey law on January 1, 1894, thus depriving the cases of all legal basis.

While we may now smile at the emphatic way in which time has rejected the decision of the New Jersey court, it is obvious that its very absurdity from a medical and pharmacal point of view was not without a compensating benefit in promoting the adoption of a rational standard for this and a few other important preparations in the new Pharmacopœia. Inasmuch as five of the witnesses of the defendants were likewise members of the revision committee, the agitation imparted to the question of standardization by the nux vomica cases was unquestionably an active agent in the pharmacopœial changes thus far introduced—changes which, it is to be hoped, will be multiplied until every potent official remedy shall be provided with a standard which will guarantee a uniform medicinal action.

The introducers of normal liquids may well feel content with the handsome vindication which their enterprise has received at the hands of the Pharmacopœia commission, and with the high compliment embodied in the recent adoption of their well-known standard for the official tincture.—Reprinted from the *Bulletin of Pharmacy*, January, 1894.

Disappearance of Gonorrhœal Discharge During Pneumonia.

Dr. Bogdan has recently observed the following case in a young man, aged eighteen, who was received in the hospital for treatment of a gonorrhœa with profuse and purulent discharge and violent pains before and after urination. Four days after admission he developed pneumonia of the left lung, and the next day he noticed that the discharge had ceased, together with other symptoms. On the tenth day, on the beginning of convalescence from the pneumonia, the gonorrhœa reappeared in all its original intensity. Dr. Barthelemy has seen two similar cases. In both the urethral dis-

charge disappeared after the beginning of an attack of typhoid fever. One of these patients died on the eighteenth day of the disease, without the affection again being observed, while the second was seized on the seventh day, without having left his bed, with a severe epididymitis, which would lead one to think that the gonorrhœa had only apparently been cured.—*Wiener Medizinische Presse.*

The Action of Tuberculin.

Dr. Klein arrives at the following conclusions:

1. In the inflammatory tissues of tubercular patients who died after treatment with tuberculin an enormous number of streptococci has been found.

2. Injection of the smallest dose of tuberculin may cause an increase of existing inflammatory processes, or a recurrence of inflammations that have been subsiding.

3. This result cannot be obtained if the micro-organisms causing the inflammation are very little virulent or dead.

4. Tuberculin has no obvious influence on cultures of streptococcus pyogenes, but it seems to increase the virulence in the sixth or tenth generation.

5. The action of tuberculin is not specific to tubercular lesions, but consists in a provocation or stimulation of the power of pus-microbes, especially of the diplococcus pneumonia, in tubercular and non-tubercular individuals.

5. The local inflammation, due to the tuberculin, is the cause of the fever.

7. Other proteins show in many ways an action analogous to that of tuberculin, acting on the purulent or inflammatory foci.

8. This theory explains why some tubercular cases do not react, and why many non-tubercular cases react.—*Times and Register.*

The medical student differs from his wash women in that he collars a stiff, while she stiffens a collar.

Guaiacoline.

I have prescribed Guaiacoline as an expectorant and nutrient in chronic cases of bronchitis and pulmonary trouble, also in anæmic cases where a tonic is indicated. I can safely recommend it in such cases; also in coughs and colds. I shall continue to prescribe it.

M. A. MILLARD, M.D.,
Oakland, Kansas.

R. A. OLDHAM, representing Renz & Henry, called upon us this week and left us a supply of Henry's Tri-Iodides. It is a combination of iodine with the alkaloids of Semen Calchicum, Phytolacca, Decaudra, Salanum Dulcamara and Salicylate of Soda. It is particularly recommended for gout and rheumatism.

Hydrogen Peroxide.

Peroxide of Hydrogen makes an excellent spray solution for the purulent rhinitis of of children. It can be followed up with astringent solutions or vaseline combinations with antiseptics.

He Followed the Doctor's Instructions.

"Why, Doodle, what have you been doing? Your face is as red as a beet."

"Doctor, you told me to keep my head cool and my feet warm didn't you."

"Yes."

"Hot air raises, don't it?"

"Yes."

"And cool air descends?"

"Certainly."

"Well, I've been standing on my head in that corner there all the afternoon.—Chicago *News.*